

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard – Frankfort KY 40601  
(502) 564-5981

FOR OFFICIAL USE ONLY –  
DO NOT WRITE IN THIS SPACE

Claim Number:

**DRAFT**

**UST Third-Party Claim**

Date Form Completed		/ /	
<b>1. General Information</b>			
Agency Interest Number (AI)		PSTEAF Application Number	
Third-Party Complaint Application Number			
<b>2. UST Facility Information</b>			
UST Facility Name			
UST Facility Physical Address (PO Box not accepted)	Street Address:		
	City:	County:	Zip Code: -
<b>3. Applicant Information</b>			
Applicant Name			
Applicant Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Applicant Contact Information	Phone: ( ) -	Email:	
Legally Authorized Representative / Agent	Phone: ( ) -	Email:	
<b>4. Additional Information</b>			
1. Is there a current Certificate of Registration and Reimbursement Eligibility (CORRE) or Certificate of Eligibility on file for this facility related to this claim?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, what was the date of issue for this CORRE or Certificate of Eligibility?			/ /
3. If yes, has the owner or operator maintained compliance with the eligibility requirements for the Financial Responsibility Account (FRA)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have the costs requested been addressed through corrective action?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Provide the date the cabinet was notified of the assertion of the third-party claim for a) The filing of an action against the Applicant by the third-party; or b) The receipt of an assertion of a claim in writing by a third party.			/ /
6. Is the amount requested limited to actual damage caused by the release from a regulated petroleum storage tank?			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Was prior approval from the cabinet received for the settlement of the third-party claim?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. Additional Documentation</b>			
<input type="checkbox"/> I have attached the cabinet's prior approval for the settlement of the third-party claim.			
<input type="checkbox"/> I have attached either the final and enforceable judgement or the agreement reviewed and approved by the cabinet.			
Amount Requested	\$		

AI \_\_\_\_\_

**6. Certification**
☐ Check here if the person completing the form is the same as the applicant named below.

<b>Name of Person Completing Form</b>			
<b>Email</b>		<b>Phone Number</b>	(   )   -

**Signature Requirements:** If incorporated or a public service corporation, the individual signing can be the president or secretary of the corporation; the duly authorized representative or agent of the executive officer, if the representative or agent is responsible for overall operation of the facility; or a person designated by the board of directors by means of a corporate resolution. For the individual for a partnership, sole proprietorship or individual, shall be a general partner, the proprietor or individual, respectively. For a government/non-profit, the form shall be signed by a principal, executive officer or ranking elected official. The power of the agency signing the certification shall submit documentary evidence to substantiate the legality of the authorized representative of the owner/operator.

**I hereby certify under penalty of law that I am the (mark one)**

☐ Applicant

☐ Legally-authorized representative or agent of the applicant (refer to Signature Requirements above)

I the undersigned, first being duly sworn, state, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I certify the submitted information is true, accurate and complete. I certify that all costs are necessary and were incurred in the performance of corrective action. I further certify that, if not the owner or operator, I am authorized by the owner or operator as an agent to make this certification, or I am the person eligible under 401 KAR Chapter 42 and my eligibility is in good standing. In addition, I certify the eligibility requirements of 401 KAR 42:250 have been met and a release requiring corrective action from this facility has occurred and has been reported to the cabinet as required by 401 KAR 42:250 Section 2.

<b>Applicant or Authorized Representative / Agent</b>	<i>Printed</i>		<b>Title</b>	
	<i>Signature</i>		<b>Date</b>	/ /
<b>Eligible Company or Partnerships Representative</b>	<i>Printed</i>		<b>Title</b>	
	<i>Signature</i>		<b>Date</b>	/ /

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email [DEP.KORA@ky.gov](mailto:DEP.KORA@ky.gov).